

Family, Career and Community Leaders of America, Inc.

Advisor Recognition Program

ADVISOR MENTOR

Without capable adult leaders, students could not take advantage of the many opportunities offered through Family, Career and Community Leaders of America. Being a good advisor takes special skills and a tremendous commitment of time and energy. Exceptional advisors motivate their chapters to take advantage of opportunities beyond the local level, use a wide variety of resources available to them and encourage student involvement. These advisors also share their expertise by offering advisor workshops to work one-on-one with new advisors.

Family, Career and Community Leaders of America's Advisor Recognition Program seeks to reward outstanding local advisors--those who make significant contributions to the organization. This recognition will attract attention from administrators and community members and call attention to the value of vocational family and consumer sciences programs.

The Advisor Recognition Program recognizes advisors at two levels.

* **Master Advisor** recognizes outstanding advisors who operate co-curricular chapters with a balanced program of work.

* **Advisor Mentor** recognizes advisors who have achieved the level of Master Advisor and have worked with beginning advisors to orient them to Family, Career and Community Leaders of America.

Any number of advisors may apply and be recognized. Advisors may apply themselves or be nominated.

ADVISOR MENTOR RECOGNITION

This program recognizes the skills of experienced advisors who help orient and train new advisors. It also recognizes advisors who have been successful in --

- ✍ achieving Master Advisor recognition;
- ✍ devoting two years to new advisor assistance;
- ✍ assuming adult leadership roles in Family, Career and Community Leaders of America;
- ✍ conducting advisor workshops;
- ✍ attending training workshops;
- ✍ using national and state FCCLA resources.

Criteria for Evaluation

New advisor assistance	45%
Leadership roles	35%
Professional development	10%
Recommendations	10%

Requirements

The candidate must have--

- ✍ attained Master Advisor recognition;
- ✍ assisted beginning advisors for a minimum of two years after receiving Master Advisor recognition.

Application Process

A typed application and at least three recommendations should be submitted to the state advisor by February 1. This application may be submitted by the candidate or as a nomination by another advisor, teacher educator, local family and consumer sciences supervisor, state advisor, professional colleague or FCCLA member. Nominees may need to be contacted to obtain complete information.

Review Process

A committee appointed by the state advisor will evaluate each application. The review team may include a variety of individuals such as state officers, local advisors, teacher educators, local family and consumer sciences supervisors, professional organization representatives or administrators. Applications and state summaries will be forwarded to national headquarters by April 1.

Recognition

Advisor Mentors will be recognized at the State Leadership Conference during the Advisors Session. All recipients selected on the state level will be recognized at the National Leadership Meeting. Recognition pins will be presented to recipients attending the meeting. Advisors unable to attend will receive their pins by mail following the meeting. Recognition items may be purchased from 4471 Nicole Drive, Lanham, Maryland, 20706, 800/507-7007 or www.fccla-store.com.

Submit by **February 1** to:

Family, Career and Community Leaders of America
Family and Consumer Sciences Education
Department of Elementary and
Secondary Education
P.O. Box 480
Jefferson City, Missouri 65102-0480

Family, Career and Community Leaders of America, Inc.
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ADVISOR MENTOR APPLICATION

Instructions

Type all information. Do not attach additional pages or materials except where noted. Responses to questions should be based on your work as an Advisor Mentor during a two-year period.

Return the following to your state advisor by February 1:

1. A completed copy of this Advisor Mentor Application.
2. One recommendation from each of the groups listed below is required. Photocopy the recommendation form provided, giving one copy to each individual.

✍ FCCLA member

✍ school administrator (principal, superintendent or vocational director)

✍ person of candidate's choice (teacher educator, city supervisor, another teacher, etc.)

CANDIDATE INFORMATION

Name of candidate _____

Chapter _____

School _____

Principal's name _____

School address _____

City/State/Zip _____

Home Address _____

City/State/Zip _____

Phone - School _____ Fax _____ Home _____

Number of years teaching _____ Number of years advising _____

Courses taught: Comprehensive Occupational

Number in chapter: _____

Grade levels taught _____

Family and consumer sciences courses currently teaching _____

When FCCLA chapter meets (in class or outside of class) _____

A. New Advisor Assistance (45%)

List names of advisors you have helped develop a chapter (new or reaffiliated) since you achieved Master Advisor status. Describe both how you helped them become involved in state and national programs and develop advising skills.

<u>Year</u>	<u>Advisor's Name</u>	<u>Chapter</u>	<u>How You Helped Them</u>
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B. Leadership Roles (35%)

Describe FCCLA leadership roles you have fulfilled and advisor training workshops you have conducted at the district, state and national levels.

List your most rewarding accomplishments as an Advisor Mentor.

C. Professional Development (10%)

Describe FCCLA leadership roles you have fulfilled beyond your local chapter during your years as an advisor.

D. Advisor Mentor Recommendations (10%)

Please photocopy the attached Adviser Mentor Recommendation Form and secure one recommendation from each of the groups listed below. A total of 3 recommendations are required.

FCCLA Member

School Administrator (principal, superintendent or vocational director)

** Person of Candidates Choice (teacher educator, city supervisor, another teacher, etc.)

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ADVISOR MENTOR RECOMMENDATION

Applicant Instructions

Type your name in the blank below and then send this form to a minimum of three people who can evaluate your performance as an FCCLA advisor.

Evaluator Instructions

_____ is applying for recognition as an Advisor Mentor. Your assistance in evaluating this applicant will be appreciated.

Please read the information below and use the attached form to rate the candidate in these areas. Return this form to the candidate no later than **January 15**. Thank you for your recommendation.

An Advisor Mentor is one who has--

- ☐ devoted at least two years to assisting beginning or returning advisors;
- ☐ encouraged teachers to establish chapters;
- ☐ encouraged beginning advisors to participate in state and national activities;
- ☐ helped beginning advisors develop plans and systems of management;
- ☐ provided positive reinforcement to new advisors;
- ☐ listened to beginning advisors' concerns;
- ☐ conducted advisor training activities;
- ☐ assumed adult leadership roles in Family, Career and Community Leaders of America;
- ☐ attended recent FCCLA meetings beyond the local level;
- ☐ used current FCCLA resources.

FCCLA Advisor Mentor Recommendation

Name of candidate _____

Instructions

Use this form to rate the candidate's advising skills, checking the appropriate rating. Return this form to the candidate no later than **January 15**.

	YES	NO	DON'T KNOW
1. Assists beginning advisors to-- ✍ establish new chapters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
✍ participate in state and national activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
✍ develop plans and systems of management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Listens to beginning advisors' concerns and provides positive reinforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Assumes adult leadership roles in Family, Career and Community Leaders of America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Conducts advisor training activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Participates in professional development for advisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Attends FCCLA meetings beyond local level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Uses FCCLA resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			

Signature

Date

Person completing this form:

NAME	
TITLE	
SCHOOL	
ADDRESS	
CITY/STATE/ZIP	
PHONE	

Indicate your position:

☐ FCCLA member

☐ School Administrator
(Principal, Superintendent
or Vocational Director)

☐ Person of Candidate's choice
(Teacher educator, city supervisor,
another teacher, etc)